FORM D	UNITED STATES SECURITIES AND EXCHANGE (Washington, D.C. 205 FORM D NOTICE OF SALE OF SECURITIES AND EXCHANGE (PURSUANT TO REGULAT	COMMISSION 49 SEP 2 0	OMB Number: Expires: Estimated average Hours per response SEC US Prefix	E ONLY Serial
	SECTION 4(6), AND/OUNIFORM LIMITED OFFERING	or 22 182	DATE R	ECEIVED
Name of Offering (check if this O.S.S. Overseas Ltd.	s an amendment and name has chang	ed, and indicate chang	e.)	
Filing Under (Check box(es) that appl	y): 🗌 Rule 504 🗍 Rule 505 🔀	Rule 506 Section	on 4(6) ULOE	-
Type of Filing: New Filing				
	A. BASIC IDEN	TIFICATION DATA		
1. Enter the information requested about Name of Issuer (check if this is an O.S.S. Overseas Ltd.		and indicate change.)	07078	397
Address of Executive Offices (Number c/o Citco Fund Services, (Cayman Isla West Bay Road, P.O. Box 31106 SMB	nds) Limited, Windward 1, 2 nd Floor, , Grand Cayman, Cayman Islands		Telephone Number (Includi 416-969-6	700
Address of Principal Business Operation (if different from Executive Offices)	ns (Number and Street, City, State, Z	Cip Code)	Telephone Number (Includi	ng Area Code)
Brief Description of Business To	operate as a private investment Fund.			
Type of Business Organization corporation business trust	☐ limited partnership, already form		er (please specify): an exempte er the laws of the Cayman Isla	
Actual or Estimated Date of Incorporation	Montion or Organization: 09		■ Actual	APP 4
Jurisdiction of Incorporation or Organi	zation (Enter two-letter U.S. Postal S CN for Canada; FN for other		r State:	THOMSON
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making at 15 U.S.C. 77d(6). When to File: A notice must be filed Securities and Exchange Commission after the date on which it is due, on the Where to File: U.S. Securities and Ex Copies Required: Five (5) copies of the must be photocopies of the manually s Information Required: A new filing changes thereto, the information reque Appendix need not be filed with the SI Filing Fee: There is no federal filing that the SI State: This notice shall be used to indicate reful OE and that have adopted this form are to be, or have been made. If a state	no later than 15 days after the first sal (SEC) on the earlier of the date it is reduced to the date it was mailed by United States rechange Commission, 450 Fifth Street his notice must be filed with the SEC igned copy or bear typed or printed simust contain all information requested in Part C, and any material changes.	te of securities in the of seceived by the SEC at the registered or certified ret, N.W., Washington, It, one of which must be ignatures. d. Amendments need	ffering. A notice is deemed fil the address given below or, if r nail to that address. D.C. 20549. e manually signed. Any copies only report the name of the iss on previously supplied in Parts	ed with the U.S. ecceived at that address not manually signed uer and offering, any

			A. BASIC IDEN	ITIFICATION DATA						
2.	Enter the informati	on requested for th	e following:							
	o Each promoter of the issuer, if the issuer has been organized within the past five years;									
	o Each beneficition of the issuer;	al owner having the	e power to vote or dispose,	or direct the vote or dispositio	n of, 10% or more o	f a class of equity securiti				
	o Each executiv	e officer and direct	or of corporate issuers and	of corporate general and mana	ging partners of par	tnership issuers; and				
	o Each general	and managing parti	ner of partnership issuers.							
Check B	ox(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	■ Director	General and/or Managing Partner				
Full Nan	ne (Last name first, i Schafer, Oscar S.	f individual)								
Business	s or Residence Addre c/o Citco Fund Ser Grand Cayman, Ca	vices, (Cayman Isl	er and Street, City, State, Zi ands) Limited, Windward 1	p Code) , 2 nd Floor, Regatta Office Par	k, West Bay Road, I	P.O. Box 31106 SMB,				
Check B	ox(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner				
Full Nan	ne (Last name first, i Hunter, J.D.	f individual)	<u></u>		, 					
Business	or Residence Addre	vices, (Cayman Isl	er and Street, City, State, Zi ands) Limited, Windward 1	p Code) , 2 nd Floor, Regatta Office Par	k, West Bay Road, F	P.O. Box 31106 SMB,				
Check B	ox(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner				
Full Nan	ne (Last name first, i Fleming, Jane	f individual)	=	<u>.</u> <u>.</u>						
Business	or Residence Addre	vices, (Cayman Isl	er and Street, City, State, Zi ands) Limited, Windward I	p Code) , 2 nd Floor, Regatta Office Par	k, West Bay Road, F	P.O. Box 31106 SMB,				
Check B	ox(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Nar	ne (Last name first, i	f individual)								
Business	or Residence Addre	ess (Numbe	er and Street, City, State, Zi	p Code)						
Check B	ox(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Nan	ne (Last name first, i	f individual)								
Business	s or Residence Addre	ess (Numbe	er and Street, City, State, Zi	p Code)						
Check B	ox(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Nar	ne (Last name first, i	f individual)				***				
Business	s or Residence Addre	ess (Numbe	er and Street, City, State, Zi	p Code)						
		(Use blan	k sheet, or copy and use add	ditional copies of this sheet, as	necessary.)					

					B.	INFORMA	TION AB	OUT OFFE	RING				
												es No	
1.						l, to non-ac g under Ul		vestors in t	his offering	?	•••••		
2.								ual		***************		\$1,000,000	
						ectors to ac							
2	Daga sh	a o (Conina			-	1						Yes No	
								paid or giv				commission of	or similar
	remune	ration for s	solicitation	of purchas	ers in conn	ection with	sales of se	curities in	the offering	. If a perso	on to be	listed is an as	sociated person of
												ler. If more ti roker or deale	
	Applica		u are assoc	iated perso	iis of such	a bloker of	dealer, yo	u may set n	orui uie iiii	Jimanon ic	n mai o	TOKET OF GEAR	a omy. Not
		_	t, if individ	ual)									
Business	or Res	idence Ado	dress (Num	ber and Sti	eet, City, S	State, Zip C	ode)						
Name of	Associ	ated Broke	r or Dealer										
States in	which	Person Lis	ted Has So	licited or Ir	ntends to Se	olicit Purch	asers						
			or check in									□ A	ll States
[-	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA] [HI]	[ID]
-	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN] [MS]	[MO]
	MTJ RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK [WI]		[PA] [PR]
		name first	t, if individ										
Business	or Res	idence Ado	iress (Num	ber and Str	eet, City, S	State, Zip C	ode)				<u>-</u>		
Name of	Associ	ated Broke	r or Dealer	 								_	
States in	which l	Person Lis	ted Has So	licited or In	ntends to Se	olicit Purch	asers					_	
(C	heck "A	All States"	or check in	dividual St	ates)							□ A	II States
	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA		[ID]
	IL] MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY]	[LA] [NM]	[ME] [NY]	[MD]	[MA]	(MI)	(MN		[MO]
	RI]	[SC]	[SD]	[TN]	[NJ] [TX]	[UT]	[VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK [WI]		[PA] [PR]
Full Nan	ne (Last	name first	t, if individ	ual)					<u>.</u>		·		
Business	or Res	idence Ado	dress (Num	ber and Str	eet, City, S	State, Zip C	ode)						
Name of	Associ	ated Broke	r or Dealer										
						olicit Purch	asers						11 G
`			or check in										II States
	AL] IL}	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO]	[CT] [ME]	[DE]	[DC]	[FL]	[GA		[ID]
	MT]	[NE]	[NV]	[NH]	[NJ]	[LA] [NM]	[NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN [OK		[MO] [PA]
	RIJ	įscj	į̇̀SDj	[TN]	į́TXj	[UT]	[VT]	[VA]	[WA]	įwvj	[WI]		[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	e. or emily mod, notification in the original mode in the	000			
1.	Enter the aggregate offering price of securities included in this offering and the total amount already "none" or "zero". If the transaction is an exchange offering, check this box [] and indicate in the other securities offered for exchange and already exchanged.				
	Town of Const.	Ag	gregate Offering Price		Amount Already
	Type of Security	•	0	φ.	Sold
	Debt			7	0
	Equity	\$25	0,000,000	\$1	84,564,032
	[X] Common [] Preferred				
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$	0	<u>\$</u>	0
	Other (Specify)	\$	0	\$	0
	Total	\$25	0,000,000	\$1	84,564,032
	Answer also in Appendix, Column 3, if filing under ULOE.	-			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this o amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero.	purc		nd the	•
			Number Investors	Aį	ggregate Dollar Amount of Purchases
	Accredited Investors		55	\$1	84,564,032
	Non-accredited Investors		0	\$	0
	Total (for filing under Rule 504 only)			<u> </u>	
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this of type listed in Part C - Question 1.				
	T COT		Type of		Dollar
	Type of Offering Rule 505		Security		Amount Sold
		•••		_	<u> </u>
	Regulation A	•••			<u>\$</u>
	Rule 504				\$
	Total				\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securit amounts relating solely to organization expenses of the issuer. The information may be given as sult the amount of an expenditure is not known, furnish an estimate and check the box to the left of the expenses.	oject 1	to future continger		
	Transfer Agent's Fees		[]	\$0
	Printing and Engraving Costs		[x	:]	S*
	Legal Fees.		[x	:]	\$*
	Accounting Fees				\$ *
	Engineering Fees		•		\$0
	Sales Commissions (specify finders' fees separately)			-	\$0
	Other Expenses (identify)			•	\$ *
	• • • • • • • • • • • • • • • • • • • •				

Total....

[x] \$150,000

^{*}All offering and organizational expenses are estimated not to exceed \$150,000.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Indicate below the amount of the adjusted gross purposes shown. If the amount for any purpose i estimate. The total of the payments listed must e C - Question 4.b above.	s not known, furnish an es	timate a	and cl	heck the box to the	e left	of th	
				Payments to Officers, Directors, & Affiliates			Payments to Others
Salaries and fees	••••••	[]	\$	[1	\$
Purchase of real estate		[]	<u>\$</u>	[)	\$
Purchase, rental or leasing and installation of made	chinery and equipment	1]	\$	ĺ	1	\$
Construction or leasing of plant buildings and fac-	ilities	ſ]	\$	[]	\$
Acquisition of other businesses (including the va involved in this offering that may be used in exch securities of another issuer pursuant to a merger).	ange for the assets or	Į]	\$	[]	\$
Repayment of indebtedness		[]	\$	[]	\$
Working capital		[]	\$	[]	\$
Other (specify): Investment Car	pital	[>	:]	\$249,850,000	[]	\$
Column Totals		•	:]	\$249,850,000	[]	\$
Total Payments Listed (column totals added)				[x] <u>\$</u>	249,	850,0	<u> </u>
	D. FEDERAL SI	GNATI	JRE				
e issuer has duly caused this notice to be signed by nature constitutes an undertaking by the issuer to furnished by the issuer to any non-accredi	mish to the U.S. Securitie	s and E	xcha	nge Commission, i	filed upon	unde writt	er Rule 505, the followi
uer (Print or Type) Sig	n#fluxe /		l a	Date	/	~ /	, 4 🖘
.S. Overseas Ltd.		$\mathcal{A} $	<u>/*</u>		// 8	1	0 /
ne of Signer (Print or Type)	e of Signer (Print or Type))					
drew Goffe	Managing Member Management LP, th				eral I	artne	er of O.S.S. Capital

9136249.28

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

		E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 present	Yes No ently subject to any of the disqualification provisions of such rule?
	See Apper	ndix, Column 5, for state response. Not applicable
2.	The undersigned issuer hereby undertakes to fi (17 CFR 239.500) at such times as required by	turnish to any state administrator of any state in which this notice is filed, a notice on Form D state law. Not applicable
3.	The undersigned issuer hereby undertakes to fi offerees. Not applicable	urnish to the state administrators, upon written request, information furnished by the issuer to
4.	Offering Exemption (ULOE) of the state in	uer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited which this notice is filed and understands that the issuer claiming the availability of this hese conditions have been satisfied. Not applicable
	e issuer has read this notification and knows the lersigned duly authorized person.	the contents to be true and has duly caused this notice to be signed on its behalf by the
Iss	uer (Print or Type)	Signature Date
	O.S.S. Overseas Ltd.	1 1 1 9/18/07
Na	me (Print or Type)	Title (Print or Type)
	Andrew Goffe	Managing Member of Schafer Brothers LLC, General Partner of O.S.S. Capital Management LP, the Investment Manager

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

O.S.S. OVERSEAS LTD.

1	2		2	0.S.S. UV	ERSEAS LTE 4) <u>. </u>			5	
I	Intend to	sell to	Type of security and aggregate		Not Applicable Disqualification under State ULOE (if yes, attach					
	non-acc investors (Part B-	in State	offering price offered in state (Part C-Item 1)	Type of	investor and ame (Part C-I	ount purchased tem 2)	in State	explanation of waiver granted) (Part E-Item 1)		
S			Common Shares Par Value U.S. \$0.01	Number of Accredited		Number of Non- Accredited		V		
State AL	Yes	No	\$250,000,000	Investors	Amount	Investors	Amount	Yes	No	
AK									<u> </u>	
AZ						<u> </u>				
AR									-	
CA		Х	X	2	\$8,250,000	0	0		 	
СО	<u> </u>									
СТ		X	Х	4	\$8,500,000	0	0	-		
DE										
DC										
FL		X	X	4	\$4,000,000	0	0			
GA										
HI										
ID										
IL		X	X	3	\$12,400,000	0	0			
IN		Х	X	1	\$65,000,000	0	0			
IA										
KS		ļ <u></u>								
KY	ļ						<u></u>			
LA										
ME					_					
MD		X	Х	3	\$22,560,000	0	0			
MA		X	X	1	\$5,000,000	0	0			
MI										
MN										
MS										
MO					_		· ···			
MT										
NE	<u> </u>							<u> </u>		

APPENDIX

O.S.S. OVERSEAS LTD.

1	2		3	0.5.5.00	5					
I	Intend to non-acci investors (Part B-	sell to redited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of	4 Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Common Shares Par Value U.S. \$0.01 \$250,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
NV										
NH										
NJ		X	X	1	\$450,000	0	0			
NM										
NY	<u> </u>	Х	X	34	\$53,904,032	0	0			
NC										
ND										
ОН		х	Х	1	\$3,000,000	0	0			
ОК										
OR										
PA										
RI							·			
SC										
SD										
TN				:	<u> </u>					
TX		X	X	1	\$1,500,000	0	0			
UT										
VT										
VA					····			·		
WA										
WV							-			
WI		<u> </u>		-					ļ	
WY										
PR	<u> </u>	<u> </u>			····					

